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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*none ccs*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none ccs*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 2	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>ccs</i>		

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## TITLE

Verifying apparatus for accuracy of dental cast mounting

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